## Vessel Oil Spill Incident Fax Reporting Form (Authorized for U.S. and non-U.S. Flag Vessels covered by a VRP/SOPEP)

**DRILL: Yes** No Initial Report to: **USA National Response Center** Fax: 202-267-2165 Follow up with Voice confirmation of fax receipt within 15 minutes. Voice: 1-800-424-8802 or 1-202-267-2675 Telex: 892427 **AA** (ship name, call sign, identification number, flag, reporting party/Master's name) **BB** (date & time of event) CC (position, latitude, longitude) **DD** (bearing, distance from landmark) -OR-W Distance nm from **EE** (true course) **FF** (speed in knots) LL (intended track) MM (radio station(s) and frequencies guarded, ship fax number, satellite or cell phone number) NN (date and time of next report to FOSC or COTP) UTC (Zulu) Н M M **PP** (type and quantity (units) of cargo/bunkers on board) **QQ** (brief details of defects/damages) RR (Include attachment of brief details of pollution, including estimated amount of loss) Estimated quantity lost: Technical name: \_\_\_\_\_ UN/IMDG number, if known: \_\_\_\_\_ Still leaking? \_\_\_\_ Yes or No SS (brief details of weather and sea conditions) direction \_\_\_\_\_ WIND SWELL direction height speed TT (contact details of ship's owner/operator/agent) UU (ship size and type) Length: \_\_\_\_\_\_ (m) Breadth: \_\_\_\_\_\_ (m) Draught: \_\_\_\_\_ (m) Type: \_\_\_\_\_ XX (additional information—ATTACH ADDITIONAL SHEETS, IF NECESSARY) Brief details of incident and reporting party: Need for outside assistance: Actions taken to correct/mitigate the situation: Number of crew, injuries, or fatalities: \_\_\_\_\_ Crew \_\_\_\_ Injuries \_\_\_\_ Fatalities Details of P&I Club and local correspondent:

County (if known) \_\_\_\_\_

**Spill Location:**